

Effective Interventions for Heterosexuals

Literature Summary

Individual-Level

Padian NS, O'Brien TR et al. (1993) Prevention of Heterosexual Transmission of Human Immunodeficiency Virus Through Couple Counseling. *Journal of Acquired Immunodeficiency Syndrome*. 6(9):1043-8

HIV+	144 HIV infected individuals and their heterosexual partners. Every six months, each member of the couple was interviewed separately by a staff member to obtain epi information and offered couple counseling. Couples were counseled together for first session on how to purchase, store and use condoms; how to refrain from practicing anal sex; how to choose abstinence; and how not to enter into sexual relations with new partners.	The intervention was effective at improving safer sex behaviors, with behavior change occurring between initial enrollment and the first follow up. 85% of the couples who did not use condoms at initial enrollment did so by the most recent follow-up. 49% reported consistent condom use increased from 49% at enrollment to 88% at first follow-up. Other behavior changes were also made.
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Group-Level

Baker S et al. (1999) Personal communication

Women	Choices Project. Women randomly assigned to Relapse Prevention intervention (experiment) or health education and social support intervention (control). Both interventions 16-session, 2-hour weekly groups.	Both groups reduced number of risky sexual acts at 4 months and change is sustained at 12 months. No difference between groups. Both groups also increased and maintained safer sex negotiation skills.
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Basen-Engquist K, Coyle K, et al. (2001) Schoolwide Effects of a Multicomponent HIV, STD, and Pregnancy Prevention Program for High School Students. *Health Education & Behavior* 28 (2): 166-185.

Youth	School-based Safer Choices program, a multicomponent, behavioral-theory-based HIV, STD, and pregnancy prevention program. 20 urban high schools randomized into intervention and control	At 19 months, decreased frequency of sex without a condom. At 31 months, less sexual intercourse without a condom with fewer partners.. Program did not influence prevalence of recent sexual intercourse. Cost-effectiveness study showed that Safer Choices is a cost saving program under a wide range of estimates (Wang LY et al.). <u>Concern:</u> Setting specific?
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Effective Interventions for Heterosexuals

Group-Level (cont.)		
Cohen D, Dent C, et al. (1991) Condom Skills Education and Sexually Transmitted Disease Reinfection. <i>Journal of Sex Research</i> 28(1): 139-144.		
POC (mostly African-Am)	Los Angeles, California. 192 STD clinic patients most of who were African-Am. Increase familiarity and skill with condoms was a single group session (30 mins) for men and women registered at the STD clinic. The brief condom skills education session was led by a female health educator during regular clinic hours at the STD clinic.	Compared with controls, men and women exposed to the group intervention in the STD clinic waiting room were approximately half as likely to return to the clinic within the next 12 months with a new STD. This was a significant decrease in return rates. <u>Concern</u> : Setting specific?
Cohen D, MacKinnon DP, et al. (1992) Group Counseling at STD Clinics to Promote Use of Condoms. <i>Public Health Reports</i> 107(6): 727-730.		
POC (mostly African-Am)	Los Angeles, California. 426 STD clinic patients most of who were African-Am. Small group format while patients were waiting for their STD clinic appointments. Groups were 10 to 25 people per session. Led by African American female health educator – soap opera-formatted video showing condom use as socially acceptable, a facilitated group discussion on methods of preventing STDs and promoting condom use and role playing, skill-building exercises to enhance condom negotiation with sex partner.	The rate of STD reinfection was significantly lower for men who participated in the intervention than for men who did not participate in the intervention. <u>Concerns</u> : No effect for women. Setting specific?
DiClemente RJ, Wingood GM (1995) A Randomized controlled trial of an HIV sexual risk-reduction intervention for young African-American Women. <i>Journal of American Medical Association</i> October 25; 274(16): 1271-1276.		
POC/ young women	Peer mediated 128 sexually active women aged 18-29. Five 2-hour weekly group sessions. Session focused on gender, ethnic pride, knowledge of HIV risk behaviors, prevention strategies, sexual assertiveness, modeling and role playing; correct condom use; norm setting exercises and coping skills, sexual self-control, communication skills, and practicums	At 3-month follow-up. The social skills intervention was effective in increasing consistent condom use.

Effective Interventions for Heterosexuals

Group-Level (cont.)		
El-Bassel N, Schilling RF (1992) 15- Month Follow-up of Women Methadone Patients Taught Skills to reduce Heterosexual HIV Transmission. <i>Public Health Reports</i> 107(5):500-4		
IDU/ POC (African- Am/ Hispanic)	15-month follow-up of study summarized above (Schilling RF, EL-Bassel et al. (1991) Building Skills of Recovering Women Drug Users to Reduce Heterosexual AIDS Transmission. <i>Public Health Reports</i> 106(3): 297-304).	Compared to the information-only group, women in the skills-building group showed an increase in frequency of condom use at 15 month follow-up. The groups did not differ significantly in number of sex partners.
Eldridge, GD, St. Lawrence JS, Little CE et al. (1997) Evaluation of an HIV risk reduction intervention for women entering inpatient substance abuse treatment. <i>AIDS</i> 9: 62-77.		
Women/ Drug Use	117 drug-using women court-ordered into inpatient drug tx. Compared effectiveness of an educational intervention and a behavioral skills training intervention at reducing sexual risk. Both groups reported high rates of sexual risk prior to intervention.	At 2-month follow-up, women in skills training groups showed improvement in communication skills, condom application skill, and condom use. Both groups showed decreased drug use and drug-related high-risk sex activity. <u>Concern:</u> short follow-up
Fogarty LA, Heilig CM, Armstrong K, et al. (2001). Long-Term Effectiveness of a Peer-Based Intervention to Promote Condom and Contraceptive Use among HIV-Positive and At-Risk Women. <i>Public Health Reports</i> 116: S103-S119.		
HIV+ women	HIV-infected women in one study (N=322, Baltimore) and women at high risk for HIV infection in a second study (N=1289, Philadelphia) assigned to a standard or enhanced HIV prevention treatment group. Standard intervention was access to Title X comprehensive health services throughout study. The enhanced intervention added support groups and one-on-one contacts with peer advocates tailored to clients' needs. Based on Stage of Change theory.	Measurements at baseline, 6 months, 12 months, and 18 months. For HIV-infected women, enhanced group had improved consistency in condom use, increased perceived advantages of condom use, and increased self-efficacy. For women at-risk, enhanced group showed no sustained advantage over standard group.

Effective Interventions for Heterosexuals

Group-Level (cont.)		
Gillmore MR, Morrison DM, et al. (1997) Effects of a skill-based intervention to encourage condom use among high risk heterosexually active adolescents. <i>AIDS Education and Prevention</i> 9, Supplement A: 22-43.		
Youth	Total of 396 high-risk youth aged 14-19. Three interventions: comic book, videotape, and group skill-based training.	All had modest pre-post effects, but there were few differences between interventions at 3 and 6 month follow-up.
Hobfoll SE, Jackson AP (1994) Reducing Inner-City Women's AIDS Risk Activities: A Study of Single, Pregnant Women. <i>Health Psychology</i> 13(5):397-403.		
Pregnant Women	206 participants, who were single pregnant women, attended four 90-120 min. group sessions of 2-8 women, taped segments of assertiveness, negotiation, planning, and AIDS prevention skills including role plays, cognitive rehearsal, formulate health action plan.	6 mo. Follow-up improvement in condom use for vaginal sex, condom and spermicide acquisitions for intervention and not for control. <u>Concern:</u> Applicability to non-pregnant persons.
Howard M, McCabe J (1990) Helping teenagers postpone sexual involvement. <i>Family Planning Perspectives</i> 22:21-6.		
POC/ Youth	Eight graders (536) recruited through medical records. Intervention was peer-led 5 sessions, emphasis on postponing sexual involvement, discussing peer pressures, skill practice to resist pressure.	18 month follow-up fewer students initiated sex in intervention group. <u>Concern:</u> Emphasis on postponing sex.
Jemmott JB, Jemmott LS et al. (1992) Reductions in HIV risk-associated sexual behaviors among black male adolescents: Effects of an AIDS Prevention Intervention. <i>American Journal of Public Health</i> 82(3):372-377		
POC/ Youth (African Am)	157 participated in 5 hour intervention based on theory of reasoned actions. Intervention provided information, video, games, exercises, and skills building. Other group was provided different subject matter presentation.	3 mo. follow-up, fewer sexual partners in intervention group, more condom use and less anal intercourse. Cost-effectiveness data: Pinkerton SD, Holtgrave DR, and Jemmott JB (2000). Economic Evaluation of HIV Risk Reduction Intervention in African-American Male Adolescents. <i>JAIDS</i> 25(2): 164-72.

Effective Interventions for Heterosexuals

Group-Level (cont.)

Jemmott JB, Jemmott LS, Fong GT (1998) Abstinence and safer sex HIV risk reduction interventions for African-American Adolescents: A randomized controlled trial. *Journal of the American Medical Association* 279: 1529-36.

African-Am Youth	Randomized controlled trial with 3-, 6-, and 12-month follow-up. 659 male and female African-American 6 th and 7 th graders. 8 1-hour modules, adult facilitators or peer co-facilitators. Abstinence intervention stressed delaying intercourse or reducing frequency; safer sex intervention stressed condom use; control intervention concerned health issues unrelated to sexual behavior.	Abstinence: less likely to report sex at 3 months, but not at 6 or 12 months. Safer-sex: more consistent condom use than control at 3 months and higher frequency of condom use at all follow-ups. Among youth sexually experienced at baseline, safer-sex intervention reported less sex at 6 months and 12 months than other two groups and less unprotected sex at all follow-ups than control. No differences in intervention effects with adult facilitators compared with peer co-facilitators.
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Kalichman SC, Cherry C and Browne-Sperling F (1999) Effectiveness of a Video-Based Motivational Skills-Building HIV Risk-Reduction Intervention for Inner-City African American Men. *Journal of Consulting and Clinical Psychology* 67:959-966.

African-Am men	117 heterosexually active African-American men recruited from public clinic. Randomly assigned to either a 6-hr video-based small group motivational-skills intervention or a 6-hr video-based HIV education comparison group.	Men in motivational-skills group decreased rate of unprotected vaginal intercourse and used more condoms at 3 months. Both groups showed increased condom use at 6-month follow-up.
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Effective Interventions for Heterosexuals

Group-Level (cont.)

Kalichman SC, Rompa D, Cage M, et al. (2001). Effectiveness of an Intervention to Reduce HIV Transmission Risks in HIV-Positive People. *Am J Prev Med* 21(2): 84-92.

HIV+ and African-American	233 men and 99 women living with HIV/AIDS randomly assigned to receive either 1) a five-session group intervention focused on strategies for practicing safer sexual behavior, or 2) a five-session, contact-matched, health-maintenance support group (standard-of-care comparison). 74% of participants were African-American. Based on Social Cognitive Theory, emphasizing building behavioral skills, enhancing self-efficacy for practicing risk-reduction behaviors, promoting intentions to change, and developing strategies for change. Framed intervention content within context of managing stress related to HIV disclosure and practicing safer sexual behavior. The five 120-minute sessions were delivered at the rate of two per week. Used gender-specific presentations.	Outcomes measured immediately post intervention, 3 months, and 6 months. 78% retention at 6 months. At 6-month follow-up, intervention group reported fewer HIV-negative partners, less unprotected anal and vaginal intercourse, and greater condom use.
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Kelly JA, Murphy DA et al. (1994) The effects of HIV/AIDS Intervention Groups for High-risk Women in Urban Clinics. *American Journal of Public Health* 84(12):1918-1922

Women (African-Am)	197 women at urban primary care clinic randomly assigned to intervention or control. Intervention included four 90 min group sessions and 1 month group follow-up with 8-10 women in group with two leaders. Provided information, role plays, managing 'triggers', group problem solving and active support. Comparison group attended sessions on health topics unrelated to AIDS.	At 3-month follow-up, intervention group had increased communication and negotiation skills, decreased UVI, increased condom use. Control group showed no change. <u>Concern</u> : short follow-up
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Effective Interventions for Heterosexuals

Group-Level (cont.)

Kirby D, Barth RP et al. (1991) Reducing the risk: Impact of a new curriculum on sexual risk taking. *Family Planning Perspectives* 23(6): 253-263.

Youth	School-based program conducted over 15 classroom periods, with teach-led discussion and exercises where teach and classroom peers modeled desirable behaviors. 23 classes in ten urban and rural school districts.	Intervention group had prolonged first onset of intercourse than control group. After 18 months, 29% of the intervention group had initiated intercourse compared with 38% of the control group. Outcomes regarding unprotected sex refer generally to birth control, not specifically to condoms. <u>Concerns:</u> Small effect, if any, for high-risk sexually active youths. Setting specific?
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Levy JA, Fox SE (1998) The Outreach-assisted Model of Partner Notification with IDUs. *Public Health Report* 113(S-1): 160-9.

Youth	School-based program with 15 school districts randomly assigned to 3 conditions a) parent interactive; b) parent non-interactive and c) wait list. Intervention was lecture, small group discussion, skills building to: resist social pressures; obtain preventive practices, role play, practice, homework. 10 session provided to 7 th graders and 5 sessions provided to the 8 th graders.	Intervention groups use of condoms and foam from 14% to 24%. Had sex less often. No difference in use of condoms alone. <u>Concern:</u> Setting specific?
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Magura S, Kang S. et al. (1994) Outcomes of Intensive AIDS Education for Male Adolescent Drug Users in Jail. *Journal of Adolescent Health* 15(6): 457-463.

Young POC/ drug users	NYC DOC Adolescent Reception and Detention Center. 157 youths aged 16-19, most were African-American or Hispanic. 4 1-hour small-group sessions of eight led by male counselor. Sessions focused on health education issues relevant to male adolescent drug users, with an emphasis on HIV/AIDS. Group activities included role-play and rehearsal techniques.	Youth in the intervention were more likely to use condoms during vaginal, oral or anal sex, had fewer high-risk sex partners, and had more favorable attitudes toward condoms than youth not in the intervention. <u>Comment:</u> None of youth admitted to using injection drugs. Curriculum focused on sexual risk reduction.
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Effective Interventions for Heterosexuals

Group-Level (cont.)		
Main DS, Iverson DC et al. (1994) Preventing HIV Infection Among Adolescents: Evaluation of School-Based Education Programs. <i>Preventive Medicine</i> 23(4):409-417.		
Youth	School-based program conducted over 15 sessions (40 hours). Program consist of 3 HIV knowledge sessions, 2 normative determinates of risky behavior, one on teen vulnerability and eight on development skills to identify and manage risking situations.	AT 6-month follow-up, sexually active students reported significantly fewer partners and greater frequency of condom use. <u>Concern:</u> Setting specific?
Malow RE, West JA et al. (1994) Outcome of Psychoeducation of HIV risk reduction. <i>AIDS Education and Prevention</i> 6(2): 113-125.		
POC/ Drug use (African American cocaine users)	152 African American males at in-patient tx program participated in group-level sessions. Non-peer led, held for 2 hours over 3 consecutive days, 6-8 people. Sessions included HIV knowledge/ risk, demonstrated cleaning works; condom use, condom negotiating, and skills-building exercises; review and discussion of HIV testing procedures.	47.5% of intervention group participants reported having more than one partner at three-month follow-up compared to 76% at the baseline. In the comparison group. The change from 76% at baseline to 59% at the follow was considered to be not statistically significant. Sexual risk taking decreased from 75% at baseline to 32% at follow-up.
The National Institute of Mental Health (NIMH) Multisite HIV Prevention Trial Group (1998). The NIMH Multisite HIV Prevention Trial: Reducing HIV sexual risk behavior. <i>Science</i> 280: 1889-94.		
POC	Project Light. Randomized, controlled trial with 3 high-risk populations at 37 inner-city, community-based clinics at 7 US sites. 1855 control and 1851 intervention participants, mostly African-American or Hispanic. Experimental condition: Small-group (5-15), twice weekly 7 session program, 90-120 minutes per session. Separate male and female groups. Co-led by a male and a female facilitator. Control condition: 1-hour AIDS education session that included videotape and Q&A period.	Both groups decreased frequency of unprotected sex at follow-up. Compared to controls, intervention group reported fewer unprotected sexual acts, had higher levels of condom use, and were more likely to use condoms consistently over a 12-month follow-up period. In intervention group, more sessions attended associated with greater behavior change. No difference in overall STD reinfection rate. Among men recruited from STD clinics, lower gonorrhea incidence at follow-up.

Effective Interventions for Heterosexuals

Group-Level (cont.)

Nyamathi AM, Flaskenis J et al. (1994) Evaluation of Two AIDS Education Programs for Impoverished Latina Women. *AIDS Education and Prevention* 6(4):296-309.

POC Women drug using/homeless	858 women in homeless shelter participated. Control group receive 1 hour AIDS education and testing small group. The test group received a 2 hour program with testing individualized, behavior practices, coping, self-esteem. Video in both groups.	At 2 weeks post test, both conditions associated with reduction in risk (injection drug use, non-injection drug use, and sexual activity with multiple partners). No effects of specialized intervention. <u>Concern:</u> Very short follow-up.
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O'Donnell CR, O'Donnell L et al. (1998) Reductions in STD infections subsequent to an STD clinic visit: Using video-based patient education to supplement provider interactions. *Sexually Transmitted Diseases* 25(3): 161-168.

POC/ African Am and Hispanic males	2,004 adult males in South Bronx, New York. Tested video-based STD prevention. Random assignment to three groups: video plus discussion, video only, usual clinic services (control). Interactive session was small group format (three to eight patients) at the clinic and facilitated by an STD counselor. Two culturally sensitive videos (Let's Do Something Different for African Americans and Porque Si for Hispanics).	Men who participated in experimental groups had significantly lower rates of new STD infection than those in comparison group. No difference between video only group and video plus discussion group. Clients with multiple sex partners experienced greatest effect.
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O'Leary A, Jemmott LS et al. (1996) Effects of an institutional AIDS prevention intervention: moderation by gender. *AIDS Education and Prevention* 8 (6): 516-28.

College students	Low-intensity, institutional safer sex campaign at NJ college. Mailed sexual behavior surveys to 1 st year students at intervention and control campuses at beginning and end of year.	Men at intervention campus (vs. control) significantly reduced risky sexual encounters. Women did not. Women at intervention campus (vs. control) showed reduced self-efficacy to perform safe sex.
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Effective Interventions for Heterosexuals

Group-Level (cont.)

O'Leary A, Ambrose TK et al. (1998) Effects of an HIV risk reduction project on sexual risk behavior of low-income STD patients. *AIDS Education and Prevention* 10 (6): 483-492.

POC (mostly African-Am)	659 patients, aged 17-44, at 7 public STD clinics in 3 eastern states. Mostly African-Am. Info and skill-building intervention consisted of 7 90-minute modules, derived from successful adolescent program. Control was existing counseling at clinics. Each group completed 90-minute interview of risk behaviors, etc.	Both groups showed significant risk reduction over time, but no difference between two groups. Authors suggest 90-minute interview may have enhanced subjects' motivation to be safer. Also, elements from adolescent program may not have been relevant to adults.
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Raj A, Amaro H, Cranston K, et al. (2001). Is a General Women's Health Promotion Program as Effective as an HIV-Intensive Prevention Program in Reducing HIV Risk Among Hispanic Women? *Public Health Reports* 116: 599-607.

Latina	Study included 162 Hispanic women ages 18 to 35, most of them low-income immigrants, in Boston area. Assessed whether participation in an HIV-intensive prevention program or in a general women's health promotion program led to greater risk reduction than being in the wait-list control group. Both interventions lasted 12 weeks (12 sessions of 90-120 minutes each) and were group-level interventions.	Measurements at baseline, intervention completion, and 3 months. Both interventions showed increased condom use at post-test and follow-up. HIV-intensive program participants also reported increased safer sex negotiation. Health promotion program participants reported increased HIV testing.
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Rhodes R, Wolitski RJ et al. (1992) An experiential program to reduce AIDS risk among female sex partners of injection drug users. *Health and Social Work* 17:261-272.

Women (Sex partners of IDUs)	69 women recruited through street outreach participated in 3 90-min group sessions held on consecutive days then a fourth session one week later and underwent HIV C/T. Sessions focused on AIDS education, condom use, needle cleaning, negotiation, problem-solving skills building; referrals; and post-intervention weekly support groups.	At immediate post-intervention, 91% reported having made positive changes to reduce AIDS risk and 68% of women who did not use condoms before intervention reported they had since entering intervention. (no statistical analysis)
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Effective Interventions for Heterosexuals

Group-Level (cont.)		
Rotheram-Borus MJ, Koopman C et al. (1991) Reducing HIV sexual risk behaviors among runaway adolescents. <i>Journal of American Medical Association</i> 266(9):1237-1241.		
POC/ Youth	Non-random control 197 runaways. Small group sessions 90-120 min., 4 days/week. Each up to 30 sessions at least 3 private session, develop soap opera dramas, review videos, skills coping.	3 and 6 month follow-up. Increased number of sessions associated with increased condom use, and decreased risk behaviors. An update of the intervention in 1997 CDC compendium shows similar results.
Schilling RF, EL-Bassel et al. (1991) Building Skills of Recovering Women Drug Users to Reduce Heterosexual AIDS Transmission. <i>Public Health Reports</i> 106(3): 297-304.		
Women/ POC	91 African-American and Hispanic women enrolled for at least 3 months in five clinics in a large methadone maintenance program in NYC. Non-peer led skills-building groups held five 2-hour sessions offered to groups of 9-10. Topics included: HIV 101; identification of high-risk sexual practices; discussion of barriers to adopting safer sex practices; discussion of negative associations with condoms; condom use skills; role-played negotiation of condom use; assertiveness; problem solving; and communication skills involving safer sex scenarios. Comparison group received one session of AIDS information routinely provided by the clinic.	The skill-building intervention group showed statistically significant higher use of condoms than those in the control group at follow-up. Participants also more comfortable taking and carrying condoms, talking about safer sex with partners, had more favorable attitudes toward condoms. No drug use differences between groups. <u>Comment:</u> Initial follow-up was 2-week post.
Schilling RF, Ivanoff A et al. (1994) HIV-related risk reduction among women offenders in jail and in the community. <i>X International Conference on AIDS</i> . 10,43		
Women/ Drug Use	159 Drug-abusing female offenders, approaching release from a 3-12 month sentence, were recruited from Rikers Island. Women were randomly assigned to (1) 8 group session conducted in prison and 8 individual session in the community post-release, focussing on AIDS information; condom use; needle-cleaning; and negotiation skills building and social support; or (2) an information-only	At follow-up, there was a trend for intervention participants to report greater condom use improvements.

Effective Interventions for Heterosexuals

Group-Level (cont.)

Sikkema KJ, Winett RA et al. (1995) Development and Evaluation of an HIV-Risk Reduction Program for Female College Students. <i>AIDS Education and Prevention</i> 7(2): 145-159.		
College women	43 heterosexual college women participated in four 75 to 90-min. session held over a one-month period with groups of seven to 10 participants. Female doctoral students served as group mediators. The intervention covered topics such as risk behavior education, behavioral self-management, assertiveness training, decision making, safer sex negotiation, condom use and maintenance of risk-reduction behavior. The control group received one 90-min. session covering the same topics but using a didactic education approach.	The intervention was effective at improving one key determinant of sexual risk behavior: sexual assertiveness and communication skills. The skill-building participants showed greater improvement from baseline to the immediate follow up in overall assertiveness skill, in the sum of four components of skill and in two of the four components: acknowledgment of partners' request for sex and suggestion of alternative lower-risk behavior. <u>Concern:</u> Applicability of results to other (non-college, high-risk) populations.
Shain RN, Piper JM, Newton ER, et al. (1999) A randomized, controlled trial of a behavioral intervention to prevent sexually transmitted disease among minority women. <i>New England Journal of Medicine</i> 340: 93-100.		
Women of Color	424 Mexican-American and 193 African-American women with nonviral STDs. Randomized trial. Intervention 3 weekly small-group sessions, 3-4 hours each. 5-6 women per group and female facilitator, all of same race/ ethnicity. Sessions designed to help recognize personal susceptibility, commit to changing behavior, and acquire skills. Based on AIDS Risk Reduction Model. 6 and 12 mo follow-up.	High rates of session attendance and retention in study. Rates of subsequent infection significantly lower in intervention group at both follow-ups. <u>Comment:</u> Very strong study design.

Effective Interventions for Heterosexuals

Group-Level (cont.)

Stanton BF, Li X et al. (1996) A Randomized, Controlled Effectiveness Trial of an AIDS Prevention Program for Low-Income African-American Youth. <i>Archives of Pediatrics and Adolescent Medicine</i> . 150(4):363-372.		
African-Am youth	Public Housing developments/rural campsites. 383 African-American youth, 9 to 15 years of age, in peer groups. 7 weekly sessions (1- ½ hour each) and one day-long session. Each session led by a pair of interventionists, recruited from the community, most of whom were African-American. Group sessions included communication and negotiating skills, value clarification, goal setting and peer norms. Small-group discussions, lectures, videos etc. In session 7 the group developed community projects with intervention messages.	Condom use in the short term (6 month after intervention) showed significant improvement for intervention youth compared with control youth. Long-term follow-up (2 years) showed that intervention youth were less likely than control youth to adopt a risk behavior, though they were not less likely to experiment with a risk behavior. <u>Concern:</u> Condom use difference disappeared at 12-month follow-up.
St. Lawrence JS, Brasfield TL et al. (1995) Cognitive-behavioral Intervention to Reduce African-American Adolescents' Risk for HIV Infection. <i>Journal of Consulting and Clinical Psychology</i> 63(2): 221-237.		
POC/ Youth (African-Am)	Public health clinic serving low-income families in a mid-size southern US city. 246 inner-city youth ages 14-18. Intervention was 8 group sessions (1½ to 2 hours each) of 5 to 15 participants. Group sessions were co-led by trained facilitators. The group members used role-playing techniques and practiced skills-building activities in smaller groups of two to three persons. Sessions included HIV/AIDS education; peer pressure and sexual decision making; communication and assertiveness skills-building activities; meeting an HIV positive youth; discussion on the most beneficial components of the intervention and how they increased self-efficacy. Control group received 2 hours of education.	Male and female adolescents who received the intervention increased condom use significantly. The males in the group also lowered their rates of unprotected intercourse to a greater extent than did males in the information-only intervention. The females who received skills-training, compared with those who received information only, decreased the frequency of unprotected intercourse. Thus, the skills training intervention was more successful both in lowering risky behaviors and in sustaining safe alternatives such as condom use among youth who remained sexually active.

Effective Interventions for Heterosexuals

Group-Level (cont.)

St. Lawrence JS, Brasfield TL, and O'Bannon RE (2002). Reducing STD and HIV Risk Behavior of Substance-Dependent Adolescents: A Randomized Controlled Trial. *Journal of Consulting and Clinical Psychology* 70(4): 1010-1021.

Youth	Conducted in Mississippi with high-risk adolescents in two residential drug treatment programs. Assessed 3 interventions designed to increase safer sex behaviors of substance-dependent adolescents. Mixed gender cohorts of 6 to 10 adolescents met three times each week over a 4-week period for a total of twelve 90-minute sessions. Total N=161 participants (68% male, 75% white, 22% African American). Randomly assigned to either a health information intervention (I only); information plus behavioral skills safer sex training (i.e., correct condom use, partner negotiation, refusal of unwanted sexual invitations, and peer information provision) (I+B); or the same experimental condition plus a motivation component that confronted adolescents' illusion of invulnerability and then emphasized their ability to prevent the negative outcome (I+M+B). The intervention conditions were in addition to the existing drug treatment programs.	Assessments at baseline, 6 months, and 12 months. The I+B and I+M+B conditions, as compared with the I only condition: (a) produced more favorable attitudes toward condoms; (b) reduced the frequency of unprotected vaginal sex; and (c) increased behavioral skill performance, frequency of condom-protected sex, percentage of intercourse occasions that were condom protected, and number of adolescents who abstained from sex. The I+M+B intervention was more resistant to decay.
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Susser E, Valencia E et al. (1998) Human immunodeficiency virus sexual risk reduction in homeless men with mental illness. *Archives of General Psychiatry*. 55 (3): 266-72.

Homeless men	97 men (of 116 eligible) from a psychiatric program at a homeless shelter participated in a randomized clinical trial. Most were African-American with a chronic psychotic disorder and substance use disorder. Two arms: 15-session group intervention or 2-session control intervention. Observed for 18 months.	For 59 participants who were sexually active before the trial, experimental group's mean score on sexual risk index was 3 times lower than control group's at 6 months and 2 times lower at 18 months.
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Effective Interventions for Heterosexuals

Group-Level (cont.)

Walters HJ, Vaughn RD (1993) AIDS risk reduction among a multi-ethnic sample of urban high school students. *Journal of American Medical Association* 270(6): 725-730.

POC/ Youth	School-based program with two intervention schools and two comparison schools, 1316 students. Six 1-hour lessons on AIDS facts, risk appraisal, personal values, norm change, role play, negotiating skills, and how to use condoms.	Three month follow-up and change scores on knowledge, benefits, norms, self-efficacy and risk; unavailable for follow-up were riskier at baseline, modest effects on behavior. <u>Concern:</u> Setting specific?
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Wenger NS, Greenberg JM et al. (1992) Effect of HIV Antibody Testing and AIDS Education on Communication About HIV Risk and Sexual Behavior. *Annals of Internal Medicine* 117(11):905-911.

College students	435 university students at outpatient student health clinic. Consisted of a multimedia presentation in a single 1-hour small-group session. Led by physicians familiar with HIV counseling. The session began with an 11 min video, 15 min scripted lecture (AIDS 101, routes of transmission, and safer sex behaviors, obstacles to using condoms, communication with sex partners, and the role of drugs and alcohol in promoting unsafe sex behaviors). Following the lecture, participants engaged in 15 minutes of role-play and 15 minutes group discussion. Students randomly assigned to get HIV testing.	After 6 months, heterosexual university student who received education about HIV infection plus HIV testing were more likely compared with students in the control group to increase communication with their sexual partners about the risk of HIV infection. No difference in condom use or number of sexual partners. <u>Concern:</u> Applicability of results to other (non-college, high-risk) populations.
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Effective Interventions for Heterosexuals

Community-Level

The CDC AIDS Community Demonstration Projects Research Group (1999) Community-level HIV intervention in 5 Cities: Final outcome data from the CDC AIDS Community Demonstration Projects. <i>American Journal of Public Health</i> 89: 336-45.		
Multiple sub-pops	Role model stories distributed with condoms and bleach by community members who encouraged behavior change. Quasi-experimental design. Over 3 years, 15,205 interviews conducted with 10 intervention and comparison community pairs. Outcomes measured on stage-of-change scale. <u>Sub-populations</u> : IDUs, their female sex partners, sex workers, NGI MSM, high-risk youth, residents of areas with high STD rates.	By end of intervention, 54% of persons interviewed in intervention communities had been exposed to materials in past 3 months. Consistent condom use with main and non-main partners, esp. for VI, and increased condom carrying, greater in intervention communities. At individual level, respondents recently exposed to intervention more likely to carry condoms and to have higher stage-of-change scores for condom and bleach use.
Lauby JL, Smith PJ, Stark M et al. (2000) A community-level HIV prevention intervention for inner-city women: Results of the Women and Infants Demonstration Projects. <i>American Journal of Public Health</i> 90 (2): 216-222.		
Women (mostly African-Am)	Low-income, primarily AA women in 4 urban communities. Pre-post surveys in matched intervention and comparison communities. Targeted sexually active. Activities: development and distribution of prevention materials, mobilization of peer network of community volunteers, delivery of prevention messages by trained outreach specialists through individual contacts and small-group activities. Role model stories. A total of 225-240 women interviewed in each intervention and comparison community in each wave of survey.	After 2 years, significant increase (11 pct pts) in rates of talking with main partner about condoms, also sig increase (13 pct pts) in proportion who had tried to get main partners to use condoms. Almost significant (p=054) decrease (9 pct pts) in never using condoms. Effects stronger for women who reported exposure to intervention. No intervention effects for condom use during most recent sex or for consistent condom use, but both groups increased over time. Trends for condom use for other partners similar but not significant.

Effective Interventions for Heterosexuals

Community-Level (cont.)

Sellers D, McGraw S et al. (1994) Does the promotion and distribution of condoms increase teen sexual activity? Evidence from an HIV prevention program from Latino youth. *American Journal of Public Health* 84(12): 1952-1959.

POC/ Youth (Latinos)	18 month community based program promotes and distributes condoms, workshops, group discussion, presentations, conversing, poster, and newsletters.	Purpose of study to see if condom distribution increases sexual activity. 18 month follow-up. Males in intervention city less likely to become sexually active, girls less likely to report multiple partners. <u>Concern:</u> Applicability.
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Sikkema KJ, Kelly JA, Winett RA et al. (2000) Outcomes of a randomized community-level HIV prevention intervention for women living in 18 low-income housing developments. *American Journal of Public Health* 90: 57-63.

Low-income women	690 low-income women living in 18 housing developments. Community-level intervention in 5 US cities. HIV risk reduction workshops and community prevention events implemented by women who were popular opinion leaders.	At 12-month follow-up, proportion of women who had any UI decreased and percentage of protected sex acts increased in intervention group. Little behavior change in control group.
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Tross S, Abdul-Quader AS, Simons PS, Sanchez M, Silvert HM (1993). Evaluation of a peer outreach HIV prevention program for female partners of injecting drug users (IDUs) in New York City. *IX International Conference on AIDS*. Berlin, June 1993 [abstract PO-D13-3737].

Female sex partners (FSPs) of IDU	658 FSPs in high drug-use housing project in NYC randomly assigned to intervention or control. Intervention was peer outreach and media distribution program.	Significant increase in percentage of intervention group always using condoms and decrease in percentage never using condoms. No change in control group. <u>Comment:</u> Information from abstract only so few details available.
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Effective Interventions for Heterosexuals

Community-Level (cont.)

Vincent L, Clearie A et al (1987) Reducing adolescent Pregnancy through school and community-based education. *Journal of American Medical Association* 254(4):3382-3386

POC/ Youth	Intervention to reduce adolescent pregnancies. Three-hour courses for teachers. Sex education in all grades. Training for clergy, church leaders and parents. Mass media speakers.	2 year follow-up. Pregnancy rates decreased by half in target county only. <u>Concern:</u> Applicability.
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Street and Community Outreach

Fritz R, Schaffer T (1992) How effective are AIDS education program for high-risk populations? An evaluation of 4 AIDS prevention program in Chicago. *VIII International Conference on AIDS* 8, C335.

Women/ Sex workers	Street outreach targeted by community outreach programs in Chicago (92 female sex workers).	At 2-month follow-up, women sex workers “increased their condom use” and “reduced number of sex partners”. (From compendium, no statistical analysis)
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HIV Antibody Counseling & Testing

Bevier P, Ewing W et al. Effects of counseling on HIV risk behaviors in patient at a New York City sexually transmitted disease clinic. *VII International Conference on AIDS* 7, 458.

Women (STD clients)	1016 total STD clinic patients received one-session of HIV risk behavior counseling. Total percentage of women unknown.	At 6 month follow-up, women significantly reduced their total number of partners from 5.9 to 4.3 in a 6 month period. Condom use ‘increased slightly’, but sex partners of IDs reported condom use only 10% of the time.
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Corby N, Barchi P et al. (1990) Effects of condom skills training and HIV testing on AIDS prevention behaviors among sex workers. *VI International Conference on AIDS*. 6, 267.

Sex workers	64 sex workers were randomly selected into four groups. Group 1: HIV counseling/testing. Group 2: 15-min. AIDS prevention program with rehearsal of condom use. Group 3: both 1 & 2. Group 4: No intervention	At 1 month follow-up, women in group 3 showed increase in condom use during vaginal intercourse with customers. Women in group 1 reported a decrease in proportion of condom use during oral sex with customers.
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Effective Interventions for Heterosexuals

HIV Antibody Counseling & Testing (cont.)

Higgins DL, C Galavotti et al. (1991) Evidence for the Effects of HIV Antibody Counseling and Testing on Risk Behaviors. *Journal of American Medical Association* 266(17):2419-2429.

General	A review of 10 studies on the effects of C/T on behavior change (condom use, reduction of sexual partners) of heterosexuals (actual study reviews several populations).	Of the studies: 80% showed increase in condom use; 30% showed increase in safer sex (undefined) and 1% showed decrease in sexual partners (Note: must were measuring for condom usage – 1% may not be reflective of real change).
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Kamb ML, Fishbein M et al. (1998) Does HIV/STD Prevention Counseling Work? Results From a Multicenter, Randomized Controlled Trial Evaluating Counseling Among STD Clinic Patients (Project RESPECT). *Journal of American Medical Association* 280: 1161-1167.

General	Project Respect. Five publicly funded STD clinics located in US inner cities (Baltimore, Denver, Long Beach, Newark and San Francisco). 5758 heterosexual HIV-negative men and women who initially came to the clinics for STD diagnosis and treatment. Three face-to-face interventions: enhanced counseling (3-hours interactive sessions), brief counseling (2 40-minutes interactive session) and didactic message (personalized 10-minutes informational messages about HIV/STD prevention).	3 and 6-month follow-up visits, any condom use and consistent condom use were significantly higher among participants in both enhanced and brief counseling compared with control. Through the 6-month interval, 30% fewer participants had new STDs compared with control. Through 12 months, 20% fewer participants in each counseling intervention had new STD compared with didactic group. <u>Comment:</u> Supported by Branson et al. (1998) <i>Sex Transm Dis</i> 25: 553-559.
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Partner Notification

Jordan WC, Tolbert L (1998) Partner Notification and Focused Intervention as a Means of Identifying HIV-positive Patients. *Journal National Medical Association* 90:542-6.

General	Los Angeles. 22 of 22 women, 5 of 8 heterosexual men and 6 of the 44 MSM interviewed were able to provide locating information on all of their enumerated/reported partners. Intervention divided MSM into two focus groups. Group 1 was asked: Who do you know that's HIV positive and still practicing unsafe sex? Group 2 was asked: Who do you know that's HIV positive but not in treatment?	13 of the 14 MSM in group 1 were able to identify 30 person they felt were still practicing unsafe sex; 17 of the 30 tested HIV positive and 9 were unaware of their status. Group 2 identified 15 person they felt were HIV positive. 11 were found to be HIV-positive and 8 were unaware of their status.
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Effective Interventions for Heterosexuals

Partner Notification (cont.)

Landis SE, Schoenback VJ et al. (1992) Results of a Randomized Trail of Partner Notification in Cases of HIV infected in North Carolina. <i>New England Journal of Medicine</i> 326:101-6.		
General	North Carolina. Three local health departments. 162 participated, 54% declined and 46% agreed. 39 assigned to provider referral, 35 to patient referral.	In provider referral, 70 of 157 successfully notified; patient referral, 10 of 153 notified. 23% of partners notified and tested were positive.
Pavia AT, Benyo M et al. (1993) Partner Notification for control of HIV: Results after 2 years of a Statewide Program in Utah. <i>American Journal of Public Health</i> 83:1418-24.		
General	Utah. All persons reported in state over 2 years (308) 79% cooperated with 890 named partners with 70% located.	Of those located 34% were previously positive. Of the remaining 2763 tested, 14% newly identified as infected. IDU, women and confidential (vs. anonymous) testers were more likely to cooperate and reported more partners. Cost: about \$3,000 per new infection identified.
Rutherford GW, Woo JM et al. (1991) Partner Notification and the Control of Human Immunodeficiency Virus Infection. Two year of experience in San Francisco. <i>Sexually Transmitted Disease</i> 18:107-110.		
General	San Francisco. 51 interviewed AIDS patients named 135 opposite-sex partners.	44% of partners located and interviewed, 25% tested, 5% HIV infected. Cost: \$454 per partner notified. \$2,203 per positive identified.
Toomey KE, Peterman TA et al. (1998) Human Immunodeficiency Virus Partner Notification Cost and Effectiveness Data From an Attempted Randomized Controlled Trial. <i>Sexually Transmitted Disease</i> 25:310-6.		
General	New Jersey and Florida. 8 partners reported per case, one located per case.	25% previously positive. 75% of the remainder were tested. 22% positive. New positive partners per original case: 0.1. Cost: \$250/index patient; \$427 partner notified; \$2,200 new infection identified.

Effective Interventions for Heterosexuals

Drug Treatment

Shoptaw S, Frosch D, Rawson RA, Ling W (1997). Cocaine Abuse Counseling as HIV Prevention. *AIDS Education and Prevention* 9(6): 511-520.

Non-IDU drug users	Evaluated the efficacy of cocaine abuse counseling alone as a strategy to reduce HIV-related sexual risk behaviors. Participants were 232 cocaine-abusing or dependent individuals who received up to 26 weeks of Matrix counseling but no formal HIV-prevention interventions. 157 (67.6%) participants completed assessments at admission, during treatment, and at 6 months following admission. Participants located for follow-up were significantly more likely to be Caucasian, to be better educated, and to complete longer treatment episodes than those not located. Demographics: mostly heterosexual (89.9%), Caucasian (69.0%), crack cocaine users (65.6%).	Main study findings indicated a significant association between safer sex behavior and completion of a cocaine abuse counseling episode. Participants who completed counseling were more likely to change to safer sex or maintain safer sex over the 6-month period than participants who terminated counseling prematurely. The primary method for reducing sexual risk involved overall decreases in reported numbers of partners (avg. at baseline = 5.32, avg. at 6-month follow up = 2.47)
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Shoptaw S, Reback CJ, Frosch DL, Rawson RA (1998). Stimulant Abuse Treatment as HIV Prevention. *Journal of Addictive Diseases* 17(4): 19-32.

Non-IDU drug users	Individuals who use illicit stimulants, primarily cocaine and methamphetamine, engage in substantial amounts of HIV-related sexual risk behaviors when under the influence. This paper presents the idea that reductions in stimulant use consequent to drug treatment makes stimulant drug treatment an important HIV prevention tool for this high-risk population.	Presents data to describe HIV-related sexual risks reported by out-of-treatment methamphetamine users and by cocaine and methamphetamine abusers at treatment entry and six months post treatment entry. Overall, findings demonstrate that following initiation of a treatment episode, stimulant abusers demonstrate significant reductions in HIV-related sexual behaviors, primarily by reducing the number of sexual partners.
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No reviews on Mass & Other Media, Social Marketing, Hotlines, and Clearinghouse.